

## EXHIBIT B METRO ETHICS COMMISSION COMPLAINT AGAINST METRO OFFICER<sup>1</sup>

1.	Date of Complaint:	_
2.	Name of Complainant:	
3.	Complainant Contact Information:	
	Address:	
	Telephone:	Fax:
	Email:	
4.	I make this complaint under oath against	
-	I make this complaint under oath against	(Metro Officer <sup>1</sup> )
	who is(Describe Officer's title or job de	escription)
	I believe	has violated the Metro Ethics
	(Metro Officer) Ordinance 52, Series 2010, Section(s)	
	(Metro Officer) Ordinance 52, Series 2010, Section(s)	
	(Metro Officer) Ordinance 52, Series 2010, Section(s)	
	(Metro Officer) Ordinance 52, Series 2010, Section(s)	
	(Metro Officer) Ordinance 52, Series 2010, Section(s)	
	(Metro Officer) Ordinance 52, Series 2010, Section(s)	
	(Metro Officer) Ordinance 52, Series 2010, Section(s)	

YES NO	to investigate this complain	ı:		
6. I am willing to appear and testify if a public	c hearing is conducted on th	nese charges:		
☐ YES ☐ NO				
7. The facts in this complaint are true to the be	est of my knowledge and be	elief.		
☐ YES ☐ NO				
8. I understand that, pursuant to KRS 523. that could affect the outcome of any proceeding penalties including fines of up to \$500 or	ceeding before the Ethics (	Commission, a		
VERIFICATION				
Complainant				
I (the complaint is true to the best of my knowledge.		sworn, declar	e under oath that t	he above
	(Signature)			
Dated this day of		, 20	·	
State of ()				
County of (	1			
Subscribed and sworn to before me this	day of		, 20	
NOTARY PUBLIC				
My Commission expires:				